

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
PharMerica Corporation Political Action Committee PPAC

ADDRESS (number and street) 1901 Campus Place
Check if different than previously reported. (ACC) Louisville KY 40299

2. FEC IDENTIFICATION NUMBER C00397455
3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on 11 02 2010 in the State of 0

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Teri A. Hartlage

Signature of Treasurer Electronically Filed by Teri A. Hartlage Date 11 24 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only
FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PharMerica Corporation Political Action Committee PPAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		139722.03
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	129279.68									
(c) Total Receipts (from Line 19) .....	4989.39	36547.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	134269.07	176269.07								
7. Total Disbursements (from Line 31) .....	2000.00	44000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	132269.07	132269.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

Write or Type Committee Name

PharMerica Corporation Political Action Committee PPAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4818.51	28100.83
(ii) Unitemized .....	170.88	8446.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4989.39	36547.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4989.39	36547.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4989.39	36547.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4989.39	36547.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	44000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	44000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	44000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4989.39	36547.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4989.39	36547.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Andrews

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 484.56

Date of Receipt M M / D D / Y Y Y Y  
10 / 22 / 2010

**Transaction ID:** 102210-12

Amount of Each Receipt this Period 20.19

**B.** Full Name (Last, First, Middle Initial)  
Michael Andrews

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 484.56

Date of Receipt M M / D D / Y Y Y Y  
11 / 05 / 2010

**Transaction ID:** 110510-12

Amount of Each Receipt this Period 20.19

**C.** Full Name (Last, First, Middle Initial)  
Michael Andrews

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 484.56

Date of Receipt M M / D D / Y Y Y Y  
11 / 19 / 2010

**Transaction ID:** 111910-12

Amount of Each Receipt this Period 20.19

**SUBTOTAL** of Receipts This Page (optional) ..... 60.57

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Charles Ashy		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 102210-33
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Pharmerica	Occupation Director, Process Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

**B.**

Full Name (Last, First, Middle Initial) Charles Ashy		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 110510-33
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Pharmerica	Occupation Director, Process Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

**C.**

Full Name (Last, First, Middle Initial) Charles Ashy		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 111910-32
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Pharmerica	Occupation Director, Process Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	51.90
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Tracy Atkinson	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 2720-A Broadbent Parkway	<b>Transaction ID:</b> 102210-21
	City State Zip Code Albuquerque NM 87107	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PharMerica Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tracy Atkinson	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 2720-A Broadbent Parkway	<b>Transaction ID:</b> 110510-21
	City State Zip Code Albuquerque NM 87107	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PharMerica Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tracy Atkinson	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2720-A Broadbent Parkway	<b>Transaction ID:</b> 111910-21
	City State Zip Code Albuquerque NM 87107	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PharMerica Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
John Baughman

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Lead Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: 101510-8

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
John Baughman

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Lead Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: 102910-8

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
John Baughman

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Lead Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: 111210-8

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas Caneris

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-30

Amount of Each Receipt this Period  
115.38

**B.** Full Name (Last, First, Middle Initial)  
Thomas Caneris

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-30

Amount of Each Receipt this Period  
115.38

**C.** Full Name (Last, First, Middle Initial)  
Thomas Caneris

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-29

Amount of Each Receipt this Period  
115.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► 346.14

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Coffey		Date of Receipt																					
	Mailing Address 83 Vermont Ave. Unit 2		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	1	0														
	City State Zip Code Warwick RI 02888		<b>Transaction ID:</b> 102210-4																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Pharmerica Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.90		<table border="1"> <tr> <td colspan="10">17.30</td> </tr> </table>		17.30																				
17.30																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Coffey		Date of Receipt																					
	Mailing Address 83 Vermont Ave. Unit 2		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	5		2	0	1	0														
	City State Zip Code Warwick RI 02888		<b>Transaction ID:</b> 110510-4																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Pharmerica Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.90		<table border="1"> <tr> <td colspan="10">17.30</td> </tr> </table>		17.30																				
17.30																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Coffey		Date of Receipt																					
	Mailing Address 83 Vermont Ave. Unit 2		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	9		2	0	1	0														
	City State Zip Code Warwick RI 02888		<b>Transaction ID:</b> 111910-4																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Pharmerica Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.90		<table border="1"> <tr> <td colspan="10">17.30</td> </tr> </table>		17.30																				
17.30																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>51.90</td></tr></table>	51.90
51.90			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Todd Dipprey		Date of Receipt
Mailing Address 6113 43rd St Suite D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Lubbock State TX Zip Code 79407		<b>Transaction ID:</b> 102210-15
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Pharmerica Occupation Manager, General		<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 464.37	<input type="text"/> 20.19

**B.**

Full Name (Last, First, Middle Initial) Todd Dipprey		Date of Receipt
Mailing Address 6113 43rd St Suite D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Lubbock State TX Zip Code 79407		<b>Transaction ID:</b> 110510-15
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Pharmerica Occupation Manager, General		<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 464.37	<input type="text"/> 20.19

**C.**

Full Name (Last, First, Middle Initial) Todd Dipprey		Date of Receipt
Mailing Address 6113 43rd St Suite D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Lubbock State TX Zip Code 79407		<b>Transaction ID:</b> 111910-15
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Pharmerica Occupation Manager, General		<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 464.37	<input type="text"/> 20.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 60.57
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Leo F Doherty		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1515 Commonwealth Avenue		<b>Transaction ID:</b> 102210-3
City Boston	State MA	Zip Code 02135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Boston - KPHS	Occupation Dir Pharmacy-E (Hospital)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.60	

**B.**

Full Name (Last, First, Middle Initial) Leo F Doherty		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1515 Commonwealth Avenue		<b>Transaction ID:</b> 110510-3
City Boston	State MA	Zip Code 02135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Boston - KPHS	Occupation Dir Pharmacy-E (Hospital)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.60	

**C.**

Full Name (Last, First, Middle Initial) Leo F Doherty		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1515 Commonwealth Avenue		<b>Transaction ID:</b> 111910-3
City Boston	State MA	Zip Code 02135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Boston - KPHS	Occupation Dir Pharmacy-E (Hospital)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	51.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Mary Douzjian

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Lead Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 101510-2

Amount of Each Receipt this Period  
11.54

**B.** Full Name (Last, First, Middle Initial)  
Mary Douzjian

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Lead Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** 102910-2

Amount of Each Receipt this Period  
11.54

**C.** Full Name (Last, First, Middle Initial)  
Mary Douzjian

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Lead Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

**Transaction ID:** 111210-2

Amount of Each Receipt this Period  
11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **34.62**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Griffin

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** 102210-13

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Griffin

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2010

**Transaction ID:** 110510-13

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Griffin

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2010

**Transaction ID:** 111910-13

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Teri Hartlage

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 707.71

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** 102210-1

Amount of Each Receipt this Period  
30.77

**B.**

Full Name (Last, First, Middle Initial)  
Teri Hartlage

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 707.71

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2010

**Transaction ID:** 110510-1

Amount of Each Receipt this Period  
30.77

**C.**

Full Name (Last, First, Middle Initial)  
Teri Hartlage

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 707.71

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2010

**Transaction ID:** 111910-1

Amount of Each Receipt this Period  
30.77

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **92.31**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Anthony Hernandez

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-26

Amount of Each Receipt this Period  
115.38

**B.** Full Name (Last, First, Middle Initial)  
Anthony Hernandez

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-26

Amount of Each Receipt this Period  
115.38

**C.** Full Name (Last, First, Middle Initial)  
Anthony Hernandez

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-26

Amount of Each Receipt this Period  
115.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► **346.14**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Nancy M Hoffman

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer REGIONAL OH Occupation VP LTC Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 651.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-20

Amount of Each Receipt this Period  
31.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy M Hoffman

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer REGIONAL OH Occupation VP LTC Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 651.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-20

Amount of Each Receipt this Period  
31.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy M Hoffman

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer REGIONAL OH Occupation VP LTC Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 651.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-20

Amount of Each Receipt this Period  
31.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **93.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Hollar		Date of Receipt
	Mailing Address 1901 Campus Place		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Louisville	KY	40299
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 102210-22
Name of Employer Pharmerica		Occupation Dir Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="10.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Hollar		Date of Receipt
	Mailing Address 1901 Campus Place		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Louisville	KY	40299
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 110510-22
Name of Employer Pharmerica		Occupation Dir Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="10.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Hollar		Date of Receipt
	Mailing Address 1901 Campus Place		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Louisville	KY	40299
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 111910-22
Name of Employer Pharmerica		Occupation Dir Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="10.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela Johnson		Date of Receipt MM / DD / YYYY 10 / 22 / 2010		
	Mailing Address 2200 Tall Pines Dr Suite 118		<b>Transaction ID:</b> 102210-8		
	City Largo	State FL	Zip Code 33771	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PharMerica	Occupation Manager, General			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela Johnson		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 2200 Tall Pines Dr Suite 118		<b>Transaction ID:</b> 110510-8		
	City Largo	State FL	Zip Code 33771	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PharMerica	Occupation Manager, General			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela Johnson		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 2200 Tall Pines Dr Suite 118		<b>Transaction ID:</b> 111910-8		
	City Largo	State FL	Zip Code 33771	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PharMerica	Occupation Manager, General			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Timothy W. Jolly

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer: BUSINESS DEVELOPMENT   Occupation: VP Acquisitions

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** 102210-2

Amount of Each Receipt this Period: 30.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy W. Jolly

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer: BUSINESS DEVELOPMENT   Occupation: VP Acquisitions

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: MM / DD / YYYY  
11 / 05 / 2010

**Transaction ID:** 110510-2

Amount of Each Receipt this Period: 30.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy W. Jolly

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer: BUSINESS DEVELOPMENT   Occupation: VP Acquisitions

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: MM / DD / YYYY  
11 / 19 / 2010

**Transaction ID:** 111910-2

Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **90.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
John Kernaghan

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Chief Information Of

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-36

Amount of Each Receipt this Period  
115.39

**B.**

Full Name (Last, First, Middle Initial)  
John Kernaghan

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Chief Information Of

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-36

Amount of Each Receipt this Period  
115.39

**C.**

Full Name (Last, First, Middle Initial)  
John Kernaghan

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Chief Information Of

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-35

Amount of Each Receipt this Period  
115.39

**SUBTOTAL** of Receipts This Page (optional) ..... ► **346.17**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey Kimmell

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica VP Clinical Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-31

Amount of Each Receipt this Period  
31.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Kimmell

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica VP Clinical Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-31

Amount of Each Receipt this Period  
31.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Kimmell

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica VP Clinical Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-30

Amount of Each Receipt this Period  
31.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **93.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Michael Koski		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 5255 East River Road Suite 204		<b>Transaction ID:</b> 101510-7
City Fridley	State MN	Zip Code 55421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Pharmerica	Occupation Pharmacy Ops Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.00	

**B.**

Full Name (Last, First, Middle Initial) Michael Koski		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 5255 East River Road Suite 204		<b>Transaction ID:</b> 102910-7
City Fridley	State MN	Zip Code 55421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Pharmerica	Occupation Pharmacy Ops Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Koski		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 5255 East River Road Suite 204		<b>Transaction ID:</b> 111210-7
City Fridley	State MN	Zip Code 55421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Pharmerica	Occupation Pharmacy Ops Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) William Lademann		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 102210-24
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 116.00
Name of Employer Hospital Pharm Services (OH)	Occupation SVP Hospital Pharmacy Se	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2088.00	

**B.**

Full Name (Last, First, Middle Initial) William Lademann		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 110510-24
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 116.00
Name of Employer Hospital Pharm Services (OH)	Occupation SVP Hospital Pharmacy Se	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2088.00	

**C.**

Full Name (Last, First, Middle Initial) William Lademann		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 111910-24
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 116.00
Name of Employer Hospital Pharm Services (OH)	Occupation SVP Hospital Pharmacy Se	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2088.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>348.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 46</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James Loftin	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 102210-14
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 30.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer REGIONAL OH Occupation VP LTC Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.17	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Loftin	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 110510-14
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 30.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer REGIONAL OH Occupation VP LTC Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.17	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Loftin	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 111910-14
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 30.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer REGIONAL OH Occupation VP LTC Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.17	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	92.31
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Marshall		Date of Receipt
	Mailing Address 230 Westway Place Ste 105		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Arlington	TX	76018
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 102210-38
Name of Employer Pharmerica		Occupation VP Client Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.66	<input type="text"/> 38.46

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Marshall		Date of Receipt
	Mailing Address 230 Westway Place Ste 105		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Arlington	TX	76018
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 110510-38
Name of Employer Pharmerica		Occupation VP Client Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.66	<input type="text"/> 38.46

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Marshall		Date of Receipt
	Mailing Address 230 Westway Place Ste 105		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Arlington	TX	76018
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 111910-37
Name of Employer Pharmerica		Occupation VP Client Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.66	<input type="text"/> 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>115.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert McKay

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2653.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: 102210-28

Amount of Each Receipt this Period

115.38

**B.**

Full Name (Last, First, Middle Initial)  
Robert McKay

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2653.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: 110510-28

Amount of Each Receipt this Period

115.38

**C.**

Full Name (Last, First, Middle Initial)  
Robert McKay

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2653.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: 111910-28

Amount of Each Receipt this Period

115.38

**SUBTOTAL** of Receipts This Page (optional) .....

346.14

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
William Monast

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Executives EVP Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4422.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: 102210-40

Amount of Each Receipt this Period

192.30
--------

**B.**

Full Name (Last, First, Middle Initial)  
William Monast

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Executives EVP Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4422.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	0

Transaction ID: 110510-40

Amount of Each Receipt this Period

192.30
--------

**C.**

Full Name (Last, First, Middle Initial)  
William Monast

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Executives EVP Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4422.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: 111910-39

Amount of Each Receipt this Period

192.30
--------

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

576.90
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**TOTAL** This Period (last page this line number only) ..... ▶

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Moss	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 102210-32
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 17.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PharMerica Dir Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Moss	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 110510-32
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 17.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PharMerica Dir Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Moss	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 111910-31
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 17.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PharMerica Dir Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	51.90
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Robert Nolan		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 3802 Corporex Park Dr. Ste 200		<b>Transaction ID:</b> 102210-39
City Tampa	State FL	Zip Code 33619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.77
Name of Employer PharMerica	Occupation VP Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.71	

**B.**

Full Name (Last, First, Middle Initial) Robert Nolan		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 3802 Corporex Park Dr. Ste 200		<b>Transaction ID:</b> 110510-39
City Tampa	State FL	Zip Code 33619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.77
Name of Employer PharMerica	Occupation VP Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.71	

**C.**

Full Name (Last, First, Middle Initial) Robert Nolan		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 3802 Corporex Park Dr. Ste 200		<b>Transaction ID:</b> 111910-38
City Tampa	State FL	Zip Code 33619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.77
Name of Employer PharMerica	Occupation VP Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.71	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	92.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Novak

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Consultant Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.42

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: 101510-1

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Novak

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Consultant Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.42

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: 102910-1

Amount of Each Receipt this Period

11.54

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Novak

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Consultant Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.42

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: 111210-1

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional) .....

34.62

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Michelle P Orkline

Mailing Address 5100 Campus Dr

City State Zip Code  
Plymouth Meeting PA 19462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica (Plymouth Mtg.) Dir Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-6

Amount of Each Receipt this Period  
17.30

**B.**

Full Name (Last, First, Middle Initial)  
Michelle P Orkline

Mailing Address 5100 Campus Dr

City State Zip Code  
Plymouth Meeting PA 19462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica (Plymouth Mtg.) Dir Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-6

Amount of Each Receipt this Period  
17.30

**C.**

Full Name (Last, First, Middle Initial)  
Michelle P Orkline

Mailing Address 5100 Campus Dr

City State Zip Code  
Plymouth Meeting PA 19462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica (Plymouth Mtg.) Dir Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-6

Amount of Each Receipt this Period  
17.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.90**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Jay Palin  
Mailing Address 1901 Campus Place  
City LOUISVILLE State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pharmerica Occupation Vice President, Ltc Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00  
Date of Receipt 10 / 22 / 2010  
Transaction ID: 102210-16  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Jay Palin  
Mailing Address 1901 Campus Place  
City LOUISVILLE State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pharmerica Occupation Vice President, Ltc Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00  
Date of Receipt 11 / 05 / 2010  
Transaction ID: 110510-16  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Jay Palin  
Mailing Address 1901 Campus Place  
City LOUISVILLE State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pharmerica Occupation Vice President, Ltc Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00  
Date of Receipt 11 / 19 / 2010  
Transaction ID: 111910-16  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Brian Pate		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 102210-27
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Pharmerica	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

**B.**

Full Name (Last, First, Middle Initial) Brian Pate		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 110510-27
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Pharmerica	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

**C.**

Full Name (Last, First, Middle Initial) Brian Pate		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 111910-27
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.30
Name of Employer Pharmerica	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	51.90
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.** Full Name (Last, First, Middle Initial)  
Kirk M. Pompeo

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa State FL Zip Code 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Ltc Sales & Mktg Vp Occupation VP LTC Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 646.17

Date of Receipt 10 / 22 / 2010  
Transaction ID: 102210-41  
Amount of Each Receipt this Period 30.77

**B.** Full Name (Last, First, Middle Initial)  
Kirk M. Pompeo

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa State FL Zip Code 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Ltc Sales & Mktg Vp Occupation VP LTC Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 646.17

Date of Receipt 11 / 05 / 2010  
Transaction ID: 110510-41  
Amount of Each Receipt this Period 30.77

**C.** Full Name (Last, First, Middle Initial)  
Kirk M. Pompeo

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa State FL Zip Code 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Ltc Sales & Mktg Vp Occupation VP LTC Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 646.17

Date of Receipt 11 / 19 / 2010  
Transaction ID: 111910-40  
Amount of Each Receipt this Period 30.77

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 92.31

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Kari Shanard-Koenders

Mailing Address 1900 Campus Place

City LOUISVILLE State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Utilization Management Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.37

Date of Receipt: 10 / 22 / 2010  
**Transaction ID:** 102210-17  
 Amount of Each Receipt this Period: 20.19

**B.**

Full Name (Last, First, Middle Initial)  
Kari Shanard-Koenders

Mailing Address 1900 Campus Place

City LOUISVILLE State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Utilization Management Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.37

Date of Receipt: 11 / 05 / 2010  
**Transaction ID:** 110510-17  
 Amount of Each Receipt this Period: 20.19

**C.**

Full Name (Last, First, Middle Initial)  
Kari Shanard-Koenders

Mailing Address 1900 Campus Place

City LOUISVILLE State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Utilization Management Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.37

Date of Receipt: 11 / 19 / 2010  
**Transaction ID:** 111910-17  
 Amount of Each Receipt this Period: 20.19

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.57

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth O. Shanks

Mailing Address 230 Westway Place Ste 105

City State Zip Code  
Arlington TX 76018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Regional Director, Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-9

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth O. Shanks

Mailing Address 230 Westway Place Ste 105

City State Zip Code  
Arlington TX 76018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Regional Director, Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-9

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth O. Shanks

Mailing Address 230 Westway Place Ste 105

City State Zip Code  
Arlington TX 76018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Regional Director, Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-9

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Frank J Smitherman

Mailing Address 3802 Corporex Park Dr. Ste 200

City State Zip Code  
Tampa FL 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Inventory Management VP Inventory Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 807.66

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: 102210-10

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)  
Frank J Smitherman

Mailing Address 3802 Corporex Park Dr. Ste 200

City State Zip Code  
Tampa FL 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Inventory Management VP Inventory Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 807.66

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: 110510-10

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)  
Frank J Smitherman

Mailing Address 3802 Corporex Park Dr. Ste 200

City State Zip Code  
Tampa FL 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Inventory Management VP Inventory Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 807.66

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: 111910-10

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Wendy Stearns

Mailing Address 3802 Corporex Park Dr. Ste 200

City State Zip Code  
Tampa FL 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Director, Clinical Consulting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.99

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: 102210-7

Amount of Each Receipt this Period

20.19

**B.**

Full Name (Last, First, Middle Initial)  
Wendy Stearns

Mailing Address 3802 Corporex Park Dr. Ste 200

City State Zip Code  
Tampa FL 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Director, Clinical Consulting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: 110510-7

Amount of Each Receipt this Period

20.19

**C.**

Full Name (Last, First, Middle Initial)  
Wendy Stearns

Mailing Address 3802 Corporex Park Dr. Ste 200

City State Zip Code  
Tampa FL 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Director, Clinical Consulting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: 111910-7

Amount of Each Receipt this Period

20.19

**SUBTOTAL** of Receipts This Page (optional) .....

60.57

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial)  
Berard Tomassetti

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Chief Accounting Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** 102210-23

Amount of Each Receipt this Period  
115.38

**B.**

Full Name (Last, First, Middle Initial)  
Berard Tomassetti

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Chief Accounting Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID:** 110510-23

Amount of Each Receipt this Period  
57.69

**C.**

Full Name (Last, First, Middle Initial)  
Berard Tomassetti

Mailing Address 1901 Campus Place

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica SVP Chief Accounting Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** 111910-23

Amount of Each Receipt this Period  
57.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.76**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

**A.**

Full Name (Last, First, Middle Initial) Stephen Welch		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 102210-29
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer Pharmerica	Occupation Dir Tax Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

**B.**

Full Name (Last, First, Middle Initial) Stephen Welch		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 110510-29
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer Pharmerica	Occupation Dir Tax Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

**C.**

Full Name (Last, First, Middle Initial) James Wise		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1901 Campus Place		<b>Transaction ID:</b> 102210-37
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.77
Name of Employer KPS Overhead	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.17	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	69.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James Wise	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 110510-37
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 30.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KPS Overhead VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.17	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Wise	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1901 Campus Place	<b>Transaction ID:</b> 111910-36
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 30.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KPS Overhead VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.17	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cheryl Zinn	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 321 W. Ben White Blvd Ste 103	<b>Transaction ID:</b> 102210-18
	City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 20.19
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pharmerica Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	81.73
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Cheryl Zinn		Date of Receipt
	Mailing Address 321 W. Ben White Blvd Ste 103		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 110510-18
Name of Employer Pharmerica		Occupation Manager, General	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 464.37	<input type="text"/> 20.19

<b>B.</b>	Full Name (Last, First, Middle Initial) Cheryl Zinn		Date of Receipt
	Mailing Address 321 W. Ben White Blvd Ste 103		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 111910-18
Name of Employer Pharmerica		Occupation Manager, General	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 464.37	<input type="text"/> 20.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 40.38
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 4818.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PharMerica Corporation Political Action Committee PPAC

A.	Full Name (Last, First, Middle Initial) Poe for Congress		Transaction ID: C0AFECF6774DFF8D093	
	Mailing Address PO Box 14222		Date of Disbursement 10 / 14 / 2010	
City Humble		State TX	Zip Code 77347	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2010 General		011 Category/ Type		
Candidate Name Ted Poe		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 02				

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

2000.00